

APPENDIX B FUNDING RELATIONSHIP TO DHS / DCF / DWD AND/OR ANOTHER ENTITY

- Completing this funding relationship section will assist each Office of Civil Rights to determine who the primary recipients, sub-recipients and vendors are and their funding relationship(s) with DCF, DHS or DWD.
- Primary recipients, sub-recipients and vendors often receive multiple contracts from the three Departments.
- Clarifying the multiple funding streams will help the State to identify mutually funded recipients as well as to determine jurisdictional authority, oversight and coordination between the Departments.

Please check as many as applicable

If you receive funding from more than one state department, submit your CRC LOA to the department that provides the largest amount of funds.		Contract or Program Name	Contract Amount (\$)
Our agency/entity has a direct contract, direct grant, funding agreement or purchase order (PO) with DCF	DCF <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1.	
		2.	
		3.	
Our agency/entity has a direct contract, direct grant funding agreement or purchase order (PO), with DHS	DHS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1. State/County Contract	2261171
		2.	
		3.	
Our agency/entity has a direct contract, direct grant, funding agreement, or purchase order (PO), with DWD	DWD <input type="checkbox"/> Yes <input type="checkbox"/> No	1.	
		2.	
		3.	
Our agency/entity has a direct contract, direct grant, funding agreement, or purchase order (PO), with Grant/Iowa County	COUNTY AGENCY <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1. Grant County	451,425
		2. Iowa County	193,625
		3. OMVI Surcharge	80,000
Our agency/entity has a sub-contract with (name of the agency(s))	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1.	
		2.	
		3.	

Note: If you have more than three contracts, add a copy as an attachment

Instructions for Completing: Funding Relationship to the DCF, the DHS or the DWD

Fill in all the blanks on the above form

Single-Funded Recipient

If you answered "Yes" to **only one** of the three possible funding options above, the LOA should be submitted to the state department that was selected.

Mutually-Funded Recipient

If you answered "Yes" to **more than one** of the state agencies above, you are considered a Mutually-Funded Recipient. You should submit your CRC LOA to the state department that provides the largest amount of funds.

If you answered "Yes" to **any of the three** state agencies **and** your agency/entity also has a subcontract with a primary recipient of that state agency, you are also considered a Mutually-Funded Recipient. You should submit your CRC LOA to the state agency, not the primary recipients.

APPENDIX C FUNDED PROGRAMS CHECKLIST

- Completing this Section will allow DCF, DHS or DWD to identify the types of program(s), contract(s) or grant(s) that the primary recipients, sub-recipients, mutually funded recipients or vendors are administering.
- The checklist is not an exhaustive list that identifies every possible grant program, contract, or agreement. For programs or funding sources not identified in the checklist, enter the name of the program, grant, or agreement in the section titled "Other specify."

Check the type of program or funding applicable to your contract(s).

USE this checklist for Department of Health Services (DHS)

Please check all the funded programs/services/activities administered with grant/contract or other agreements received from Department of Health Services (DHS):

<input type="checkbox"/> Adolescent Pregnancy Prevention and Intervention <input type="checkbox"/> Adult Protective Services <input type="checkbox"/> Aging and Disability Resource Center <input type="checkbox"/> Autism Services <input type="checkbox"/> AIDS/HIV <input type="checkbox"/> Ambulance Services <input type="checkbox"/> AODA-Comprehensive Community Services <input type="checkbox"/> Asbestos Certification <input type="checkbox"/> Asthma Program <input checked="" type="checkbox"/> BadgerCare, BadgerCare-Plus, (Forward Health) <input checked="" type="checkbox"/> Birth to 3 Program <input type="checkbox"/> Cancer-Comprehensive/Cancer Control Plan <input type="checkbox"/> Cardiovascular Health <input type="checkbox"/> Children and Youth With Special Health Care Needs <input type="checkbox"/> Childhood Lead Poisoning Prevention <input checked="" type="checkbox"/> Community Support Programs (CSP) <input type="checkbox"/> Commodity Supplement Food Program <input checked="" type="checkbox"/> Developmental Disability Services <input type="checkbox"/> Disability Determination (SSI/SSDI) <input type="checkbox"/> Developmental Disability <input type="checkbox"/> Emergency Medical Services and Injury Prevention <input type="checkbox"/> Environmental Health <input type="checkbox"/> Family and Community Health <input type="checkbox"/> Family Care <input checked="" type="checkbox"/> Family Support <input type="checkbox"/> FoodShare Program <input type="checkbox"/> Food Stamp Employment and Training (FSET) <input type="checkbox"/> Food Safety and Recreational Licensing <input type="checkbox"/> Foster Care Medical Home <input type="checkbox"/> Health Statistics <input type="checkbox"/> Immunizations <input type="checkbox"/> Injury Prevention <input type="checkbox"/> Integrated Service Project (CST-ISP) <input checked="" type="checkbox"/> Intoxicated Drive Program (IDP) <input type="checkbox"/> IRIS <input type="checkbox"/> Maternal and Child Health <input type="checkbox"/> Minority Health <input checked="" type="checkbox"/> Medicaid – HMO <input checked="" type="checkbox"/> Medicaid Fee for Services Provider	<input type="checkbox"/> Mental Health - Comprehensive Community Services (CCS) <input type="checkbox"/> Narcotic Treatment Services <input type="checkbox"/> Nutrition and Physical Activity <input type="checkbox"/> Office for the Deaf and Hard of Hearing <input type="checkbox"/> Office for the Blind and Visually Impaired <input type="checkbox"/> Oral Health <input type="checkbox"/> Office of Independence and Employment <input type="checkbox"/> Public Health Preparedness <input type="checkbox"/> Pace/Wisconsin Partnership Program <input type="checkbox"/> Public Health Emergency Preparedness program <input type="checkbox"/> Resource Center Development <input type="checkbox"/> SeniorCare <input type="checkbox"/> Senior Community Services Employment Program <input type="checkbox"/> Senior Farmer's Market Nutrition Program <input checked="" type="checkbox"/> Services for Children with Disabilities <input type="checkbox"/> Sexually Transmitted Diseases Program <input type="checkbox"/> Sexual Assault <input type="checkbox"/> State Grants to Community Health Centers <input type="checkbox"/> Strategic Prevention Framework- State Incentive Grant (SPF-SIG) <input type="checkbox"/> Strengthening Treatment Access and Retention <input checked="" type="checkbox"/> Substance Abuse Prevention Services Information System (SAPSIS) <input type="checkbox"/> Temporary Emergency Food Assistance Program (TEFAP). <input type="checkbox"/> Tobacco Control Programs <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Refugee Health <input type="checkbox"/> Well Women Programs <input type="checkbox"/> WIC Farmer's Market Nutrition Program <input type="checkbox"/> Wisconsin CHANGE for Healthy Communities <input checked="" type="checkbox"/> Wisconsin UPC <input type="checkbox"/> Wisconsin Comprehensive Cancer Control Program <input type="checkbox"/> Wisconsin Collaborative Diabetes Quality Improvement Project <input type="checkbox"/> WisTech Assistive Technology Programs <input type="checkbox"/> Women Program <input type="checkbox"/> Wisconsin Music and Memory Initiative <input type="checkbox"/> Wisconsin Hospital Emergency Preparedness Program <input checked="" type="checkbox"/> Other: Mental Health, Substance Abuse, Medicaid Waiver Programs
---	---

Note: The checklist is not an exhaustive list of programs funded through the DCF, DHS or DWD with U.S. DHHS and USDA-FNS grants for programs, services or activities. If the funded program, grant or service agreement is not listed, enter the name in the appropriate "Other: Specify" space to specify the type of program, grant or funding agreement administered by the agency/entity.